

## **Homeless Shelter Workers in Midwestern Urban Centers**

### **Archie Green Fellows Project AFC2016034**

#### **Oral History of Brenda Witt, HUD-VASH Coordinator, U.S. Department of Veterans Affairs;**

**Bismarck, North Dakota on April 3, 2017**

#### **Summary of Interview**

Brenda Witt works as a Veterans Affairs' HUD-VASH [U.S. Department of Housing and Urban Development Veterans Affairs Supportive Housing] Coordinator for the State of North Dakota (ND). In this role she assists military veterans who are homeless in securing permanent housing. She offices in Fargo, North Dakota, but provides service in other areas of North Dakota as needed. At the time of this interview, a new HUD-VASH Coordinator was being hired to service the Bismarck area and until she was fully on-site, Brenda was working with veterans in the Bismarck area.

Brenda was accompanied by her supervisor, Diana Hall, who assisted with the interview.

This interview was conducted by Margaret Miles and took place in a meeting room at the Veterans Affairs Community Based Outpatient Clinic located in the Gateway Mall at 2700 State Street, Bismarck, North Dakota, 58501.

#### **Interview Log**

00:00:01 Introduction

00:00:13 Job title and description; Brenda is a HUD VASH [U.S. Department of Housing and Urban Development, Department of Veterans Affairs Supportive Housing] Coordinator for the State of North Dakota (ND); Brenda's duties:

- She has a caseload of veterans she's working with;
- She supervises the other nine HUD-VASH workers in ND;

To keep people in their community, workers are located throughout the state in:

- Grand Forks
- Minot
- Dickinson
- Williston
- Bismarck
- Fargo
- Turtle Mountain reservation

00:01:15 How the program works; prioritize chronically homeless veterans; help them start process for housing; obtain voucher; once housed provide intensive case management to maintain housing;

00:01:48 She uses a tool called VI-SPDAT [Vulnerability Index for a Service Prioritization and Data Assistance Tool] to assess vulnerability; priority is given to:

- most chronically homeless

- vets with serious health issues (such as cancer, COPD [Chronic Obstructive Pulmonary Disease])
  - vets living outside
  - vets with a family with children
  - female vets, as being more vulnerable if homeless;
- 00:03:11 HUD VASH started in 2008 when about 800 homeless vets in ND; through 2016 have housed over 1,050 vets; about to declare functional zero, meaning any vet who loses his/her housing can secure shelter immediately and permanent housing within 90 days; USICH [United State Interagency Council on Homelessness] certifies whether cities/states have ended veteran homelessness; as of January 2017, just five vets were homeless in ND; direct service is key to success;
- 00:05:16 Description of VASH; similar to Section 8 where a person pays 30% of their income for rent; but VASH comes with intensive case management which is a condition of receiving the subsidy; a case manager works with 30 clients at one time;
- 00:06:16 Types of support are immediate basic needs; once in housing, people may have trauma issues, addiction issues, mental health issues to deal with; vets access the VA hospital/clinics; have not seen delays getting VA healthcare like in other regions;
- 00:08:59 Barriers vets experience are similar to larger population; exception would be in Vietnam vets who didn't receive care for issues early on; more recent vets exhibit more traumatic brain injuries and post-traumatic stress disorder;
- 00:11:55 Case managers do active outreach to shelters or wherever they think vets will be; every state has a veterans registry to connect with vets accessing social services; if vets decline HUD-VASH, case managers keep trying; offer socks, granola bars, coats, other needs in meantime;
- 00:15:40 Rent Income sources of income: if they have none, they won't pay anything; other sources would be social security; service-connected pension; employment income; Housing First model helps people access housing and become stable before addressing other issues; vets choose where they want to live; case managers build relationships with landlords and will intervene if they have concerns about formerly homeless individuals as tenants; benefit to landlords is rent paid on time and a case manager who can mediate; a "landlord risk mitigation fund" provided by Supportive Services for Veterans grant reimburses landlords for costs incurred if there are problems;
- 00:19:40 Affordable rent for a one-bedroom is \$650; Housing shortage in western North Dakota during the oil boom; in Minot, Williston, Dickinson areas, median apartment was probably \$2,000; some landlords lowered rents for veterans;
- 00:21:47 How Brenda got into this work; social worker for 20 years; beginning at a Human Services Center with people with mental illness; began doing outreach to vets and in 2008 became first HUD-VASH case manager in North Dakota; began as a team of 3 and now a team of 20; she is a veteran and so is Diana; 50% of team are female veterans;
- 00:23:48 Discussion of whether being a vet is helpful; common assumption that women aren't veterans; sometimes can help build rapport;
- 00:25:12 Length of time with clients, some as long as nine years so far; caseloads are three-tiered: people that need immediate and intensive attention, some that have better or worse months, others that just need occasional check-in;

- 00:26:32 Discussion of whether her clients have family support, most do not; family provides stability but in these cases peer support can play that role; some have burned bridges with families, others may not be wise to reconnect with family; loneliness is a major issue once someone gets in housing; connect to other resources, volunteer opportunities, vet social club; two employment specialists can connect to employment; transitioning from highly structured military to unstructured can throw some individuals off;
- 00:31:11 Style and strategy for starting to work with someone: build trust simply and gradually; she goes to where the veteran is; accepts each individual for who they are; uses motivational interviewing;
- 00:33:30 Discussion of her philosophy or frame; she doesn't put people in a box in other ways in her life either; discussion of homeless veteran services being exempt from sequestration so homeless vets have more continuity; partner organizations losing funding may impact them, however;
- 00:36:50 Challenges include finding affordable housing; another challenge is hurting and vulnerable clients; story about one veteran who impacted her;
- 00:38:30 Advice to someone getting into this work: listen to clients and colleagues; drop preconceived ideas;
- 00:39:01 Demographics: 95% of veterans served are single males; small number of females and even smaller number of veterans with families; Diana discusses her history with the military and history of women in the military;
- 00:40:24 Brenda was Army Reserved and activated during Desert Shield Desert Storm and was overseas for seven months;
- 00:40:54 Veterans housed have largely been travelers and have found North Dakota welcoming;
- 00:41:49 Future discussion; feels people will always struggle to maintain housing, but there will be more supportive services in homes; efforts will be preventing future homeless;
- 00:44:08 Examples of higher needs individuals; she does lots of risk assessments;
- suicidal ideation
  - alcohol use
  - healthy eating and drinking
  - medical needs
- Need for outreach is diminishing with more emphasis on maintaining housing now; Diana on the need to replicate the model in other populations; Diana discusses Brenda starting with 35 housing vouchers and established national best practices so that funding was provided for city after city until they provided statewide; just now starting a tribal HUD-VASH program on Turtle Mountain reservation; importance of data and numbers in serving people;
- 00:49:02 End